

portion of this part of the cornea being discernible that has not a number of these lymphocytes in apposition to it.

Staining for Gram-negative micro-organisms in the tissues is naturally unsatisfactory, more particularly when formalin has been employed in preparing the sections, and positive results were hardly anticipated. I have stained some sections with carbol thionin and have found organisms in the exudate about Descemet's membrane and in the iris tissue, both intra and extra cellular, which might be taken for Weichselbaum's diplococcus. Their size was about what one might expect, but their shape and capsule were somewhat vague. They were scanty, although several could be distinguished with the aid of an oil immersion magnification. However, in the space between the arachnoid and the dural sheath of the optic nerve trunk, micro-organisms of a much more definite character were detected. These were of the usual diploid form, such as one finds in Weichselbaum's biscuit-shaped coccus, and were surrounded by a clear space very much the same as that found between the organism proper and its containing capsule.

In reviewing the literature on this subject one is struck with the paucity of cases which have been subjected to pathological study. Treacher Collins (<sup>4</sup>), and more recently, Sydney Stevenson (<sup>5</sup>), have reported cases, but as Axenfeld (<sup>6</sup>) very justly remarks, their investigations and subsequent conclusions can hardly be said to be complete, not having been able to exclude other forms of infection. Axenfeld had the same criticism to offer regarding the cases of Saltini and Silcock (<sup>7</sup>).

A similar verdict may possibly be awaiting the present report; in its defence I may state that I consider the condition a metastatic form of inflammation, contending that the changes in the vessel walls of the iris and the migratory tendency of the leucocytes within the vessels support this theory. The fact that bodies were found in the tissues somewhat resembling the meningo-coccus and most closely resembling it in the arachnoid sheath of the optic nerve is a very strong point in my favour. That Dr. Klotz was able to isolate the meningo-coccus from the cerebro-spinal fluid during life added to the other features which I have presented above, should be sufficient evidence in substantiating my contention that my case has been one of acute purulent iridocyclitis of metastatic origin due to the diplococcus intracellularis meningitidis.

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(4) Royal London Ophthalmic Reports, Vol. XIII, Part 3.

(5) Transactions of Ophthal. Society of the United Kingdom, Vol. XX, p. 121.

(6) Bakteriologie in der Augenheilkunde, 1907, S. 335.

(7) Transactions of Ophthal. Society of the United Kingdom, Vol. XX, p. 112.